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May 15, 2017

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Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

**Re: Albany Mutual Telephone Association
Form 395 Common Carrier Annual Employment Report
WC Docket No. 16-233**

Dear Ms. Dortch:

On behalf of Albany Mutual Telephone Association, we are submitting herewith its Form 395 Common Carrier Annual Employment Report for Calendar Year 2017.

In accordance with Rule Section 1.12 of the Commission's Rules, please direct any questions or correspondence regarding this filing to our office.

Sincerely yours,



Richard D. Rubino
Counsel for Albany Mutual Telephone
Association

Attachment

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB

3060-0078

DO NOT WRITE IN THESE SPACES

2120 L STREET, N.W.

WASHINGTON, D.C. 20037

(202) 680-0820

COMMON CARRIER ANNUAL EMPLOYMENT REPORT
[Please read instructions before completing and for Notice regarding public burden.]

SECTION I - General Information

1. Name and Mailing Address of Respondent

Albany Mutual Telephone Association
131 6th Street
Albany, MN 56307

2. Year Report Filed

2017

3. Reporting Period (Ending Date of Pay
Period Covered by Report)

- March 24, 2017

4. Number of Full-Time Employees during Selected
Reporting Period (check one):a. ☒ Fewer than 16 (complete Sections I, IV, and V only)
b. ☐ 16 or more (complete all sections)☐ Check here if this
is a change of
address.

SECTION II - Full-Time Employees

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N		
	Hispanic or Latino		Male							Not-Hispanic or Latino							
			Race/Ethnicity														
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
Executive/Senior Level Officials and Managers 1,1																	
First/Second-Level Officials and Managers 1,2																	
Professionals 2																	
Technicians 3																	
Sales Workers 4																	
Administrative Support Workers 5																	
Craft Workers 6																	
Operatives 7																	
Laborers and Helpers 8																	
Service Workers 8																	
TOTAL 10																	
PREVIOUS YEAR TOTAL 11																	

SECTION III - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														Total Columns A - N	
	Hispanic or Latino		Not-Hispanic or Latino													
	Race/Ethnicity		Race/Ethnicity													
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10															
PREVIOUS YEAR TOTAL	11															


SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.56, 80.168, 101.4, and 101.311.

☒ This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.

☐ This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date	5/03/2017	Typed or Printed Name of Person Signing	Signature	Telephone No.
		Steven W. Katka		320-845-2101
Title of Person Signing		CEO/General Manager		
WILL FULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).				